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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	·
	☐ Chapter 11	•
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exar	e the name that is on government-issued ure identification (for nple, your driver's	Arpagus First name . M.	First name
		nse or passport).	Middle name	Middle name
	iden	g your picture tification to your meeting the trustee.	Poole Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ude your married or den names.		
3.	you nun Indi	y the last 4 digits of r Social Security nbor or federal vidual Taxpayer ntification number N)	xxx-xx-7018	

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De	btor 1 Poole, Arpagus N	Л.	Case number (if known)		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live		If Debtor 2 lives at a different address:		
		6157 S Washtenaw Ave Apt 101 Chicago, IL 60629-1652			
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Cook	Ourst		
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Deb	Debtor 1 Poole, Arpagus M.						Case number (if known)		
Par	t 2·	Tall the Court About \	/our Bankru	ntev Cae	۵				
7.	The chapter of the Bankruptcy Code you are choosing to file under Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bank 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7								
				-	e top of page 1 and check th	е арргорпате вох.			
			☐ Chapter						
			☐ Chapter						
			☐ Chapter	13					
8.	How	you will pay the fee	about	how you	may pay. Typically, if you are is submitting your payment	e paying the fee yo	eck with the clerk's office in your local court for more details ourself, you may pay with cash, cashier's check, or money order. ur attorney may pay with a credit card or check with a		
					the fee in installments. If y stallments (Official Form 103		tion, sign and attach the Application for Individuals to Pay The		
			not re your f	quired to	, waive your fee, and may do e and you are unable to pay t	so only if your inco he fee in installme	on only if you are filing for Chapter 7. By law, a judge may, but is ome is less than 150% of the official poverty line that applies to ints). If you choose this option, you must fill out the Application		
			to Ha	ve the Cl	napter 7 Filing Fee Waived (Official Form 103E	3) and file it with your petition.		
9.	bank	you filed for ruptcy within the last	■ No.						
	8 yea	irs?	☐ Yes.						
			1	District		When	Case number '		
				District	· · · · · · · · · · · · · · · · · · ·	When	Case number		
				District		When	Case number		
10.		ny bankruptcy cases ling or being filed by	■ No						
	a spo this a bus	buse who is not filing case with you, or by siness partner, or by filiate?	☐ Yes.				·		
			1	Debtor			Relationship to you		
			1	District		When	Case number, if known		
			1	Debtor			Relationship to you		
			ł	District		When	Case number, if known		
11.		ou rent your	□ No.	Go to lir	ne 12.				
	resid	lence?	Yes.	Has you	r landlord obtained an eviction	n judgment agains	st you and do you want to stay in your residence?		
			133.		No. Go to line 12.	-	•		
				_		About an Friedric	Ludamant Amingt Val. (Fama 404A) and Ela li with the		
					Yes. Fill out initial Statement bankruptcy petition.	ADOUT AN EVICTION	n Judgment Against You (Form 101A) and file it with this		

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Deb	tor 1 Poole, Arpagus M	•			Case number (if known)			
Par	Report About Any Bus	sinesses \	You Own a	s a Sole Proprieto	or			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to F	'art 4.				
		☐ Yes.	Name a	and location of bus	siness			
-	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name o	f business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach it		Numbe	te & ZIP Code				
	to this petition.		Check	Check the appropriate box to describe your business:				
				Health Care Business (as defined in 11 U.S.C. § 101(27A))				
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(518))			
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))			
				Commodity Broke	r (as defined in 11 U.S.C. § 101(6))			
				None of the above	•			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure U.S.C. 1116(1)(B).						
	For a definition of small	■ No.	l am no	t filing under Chap	oter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	No. I am filing under Chapter 11, but I am NOT Code.		11, but I am NOT a small business debtor according to the definition in the Bankruptcy			
		☐ Yes.	l am fili	ng under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t4: Report if You Own or	Have Any	Hazardous	s Property or Any	Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or	☐ Yes.	What is th	e hazard?				
	safety? Or do you own any property that needs immediate attention?			ite attention is hy is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is t	he property?	Number, Street, City, State & Zip Code			

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Debtor 1 Poole, Arpagus M.							Case number (if known)		
Pari	5:	Explain Your Efforts to	o Red	ceive a Briefing About Credit Counseling					
			About Debtor 1:			About Debtor 2 (Spouse Only in a Joint Case):			
15.	Tell	the court whether	You	must check one:		You	must check one:		
	you have received a briefing about credit counseling.			I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.			I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.		
	recei credi	law requires that you ve a briefing about t counseling before you or bankruptcy. You		Attach a copy of the certificate and the payment pla if any, that you developed with the agency.), :		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.		
	must the fo	st truthfully check one of following choices. If you not do so, you are not ible to file.		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have certificate of completion.	a 		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.		
	can o	u file anyway, the court dismiss your case, you use whatever filing fee	•	Within 14 days after you file this bankruptcy petition you MUST file a copy of the certificate and payment plan, if any.	•		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.		
	can b	paid, and your creditors begin collection vities again.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waive of the requirement.			I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary walver of the requirement.		
				To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this	9 (To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.		
				Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of:		•	Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.		
							If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.		
							Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.		
							I am not required to receive a briefing about credit counseling because of:		
				Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or mal rational decisions about finances.				Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.	
				Disability. My physical disability causes me to be unat to participate in a briefing in person, by phone or through the internet, even after I reasonabilitied to do so.),		Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		
				Active duty. I am currently on active military duty in a military combat zone.			Active duty. I am currently on active military duty in a military combat zone.		
				If you believe you are not required to receive a briefi about credit counseling, you must file a motion for waiver credit counseling with the court.	ng		If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.		

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Desc Main Document. Page 6 of 50 Poole, Arpagus M. Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. □ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that after Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are any exempt property is paid that funds will be available to distribute to unsecured creditors? excluded and administrative expenses ■ No are paid that funds will be available for distribution ☐ Yes to unsecured creditors? 18. How many Creditors do 1.000-5.000 **25.001-50.000 1-49** you estimate that you **50,001-100,000 5001-10.000** □ 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 **100-199** 200-999 How much do you ☐ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50.001 - \$100,000** be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million 20. How much do you □ \$500,000,001 - \$1 billion □ \$1,000,001 - \$10 million **\$0 - \$50,000** estimate your liabilities to □ \$10,000,001 - \$50 million □ \$1.000.000.001 - \$10 billion **\$50,001 - \$100,000** be? □ \$50,000,001 - \$100 million □ \$10.000,000,001 - \$50 billion ☐ \$100,001 - \$500,000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in times up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Arpagus M. Poole Signature of Debtor 1

Signature of Debtor 2

Executed on

May 27, 2017 MM / DD / YYYY Executed on

MM / DD / YYYY

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Debtor 1 Poole, Arpagus I	n	Cas	Case number (if known)				
For your attorney, if you are represented by one	Chapter 7, 11, 12, or 13 of title 11, United State	es Code, and have explained	ormed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the ce required by 11 U.S.C. \$ 342(b) and, in a case in				
If you are not represented by an attorney, you do not need to file this page.	person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.						
	/s/ Michael R. Richmond	Date	June 22, 2017				
	Signature of Attorney for Debtor		MM / DD / YYYY				
	Michael R. Richmond						
	Printed name						
	Heller & Richmond, Ltd.						
	Firm name	·					
	33 N Dearborn St Ste 1907						
	Chicago, IL 60602-3828						
	Number, Street, City, State & ZIP Code						
	Contact phone (312) 781-6700	Email address	mrichmond@hellerrichmond.com				
	3124632						
	Bar number & State						

. . .

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		Document	Page 8 of 50		
Fill in this in	nformation to identify your	case and this filing:			
Debtor 1	Arpagus M. Poo	le .			
	First Name	Middle Name	Last Name	 }	
Debtor 2					
(Spouse, if filing)) First Name	Middle Name	Last Name		
United State	s Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLI	NOIS, EASTERN DIVISIO	N N	
0					
Case numbe	···		_		☐ Check if this is an amended filing
					aoaoag
Official	Form 106A/B				
Sched	lule A/B: Prop	perty			12/15
		pe items. List an asset only once. If a	an asset fits in more than or	ne category, list the asset i	
think it fits bes	st. Be as complete and accur	ate as possible. If two married people	e are filing together, both ar	e equally responsible for s	upplying correct
information. If Answer every		a separate sheet to this form. On the	e top of any additional page	es, write your name and ca	se number (if known).
Part 1: Desc	cribe Each Residence, Buildin	g, Land, or Other Real Estate You Ow	n or Have an Interest In		
1. Do you owr	n or have any legal or equitab	e interest in any residence, building,	land, or similar property?		
■ No. Go to	- D+ 0				
_					
☐ Yes. Wr	nere is the property?				
Part 2: Desc	cribe Your Vehicles				
		uitable interest in any vehicles, w e, also report it on Schedule G: Exec			hicles you own that
Someone eise	curives. Il you lease a verilcie	e, also report it on <i>Schedule G. Exe</i> t	Julory Contracts and One	xpireu Leases.	
3. Cars, van	s, trucks, tractors, sport u	tility vehicles, motorcycles			
□ No					
■ Yes					
- 165					
2.4 Maka	Buick	Who has an interest in th	on managering Observations	Do not deduct secured	claims or exemptions. Put
3.1 Make:	1 - 0		e property? Check one	the amount of any secu	ured claims on Schedule D:
Model: Year:	2005	Debtor 1 only			laims Secured by Property.
		Debtor 2 only Debtor 1 and Debtor 2 only	only	Current value of the entire property?	Current value of the portion you own?
• • •	information:	At least one of the debt		ontil o proporty :	portion you own.
		☐ Check if this is comm	unity property	\$3,000.00	\$3,000.00
		(see instructions)			
4. Watercraf	t, aircraft, motor homes, A	TVs and other recreational vehic	les, other vehicles, and	accessories	
Examples:	Boats, trailers, motors, perso	onal watercraft, fishing vessels, snow	wmobiles, motorcycle acce	essories	
■ No					
☐ Yes					
□ res					
5 Add the	dollar value of the portion	you own for all of your entries fro	om Part 2 including any	entries for nages	
	-	that number here			\$3,000.00
•					
Part 3: Desc	cribe Your Personal and Hous	sehold Items			
Do you own	or have any legal or equit	able interest in any of the followi	ng items?		Current value of the
					portion you own? Do not deduct secured
					claims or exemptions.
	d goods and furnishings s: Major appliances, furniture	linene china kitchenwere			
□ No	s. major appliances, turniture	, mieno, ciina, kitchenware			

Official Form 106A/B Schedule A/B: Property page 1

Debtor 1	Case 17-		Doc 1	Filed 06/26/17 Document	Entered 06/26/17 14:36:2 Page 9 of 50	
_		guo IIII				,
■ Yes.	Describe	furnitu	re			\$600.00
7. Electron Example	es: Televisions a			ereo, and digital equipmo a players, games	ent; computers, printers, scanners; music c	ollections; electronic devices
Yes.	Describe	2 flat se	creen tv's,	1 tablet		\$500.00
■ No □ Yes. 9. Equipme Example ■ No □ Yes. 10. Firearm Example ■ No	collections, r Describe ent for sports at es: Sports, photo instruments Describe ns ples: Pistols, riflet	memorabilia nd hobbies graphic, exe	a, collectibles		s, pictures, or other art objects; stamp, coin	
Examp □ No -	oles: Everyday clo	othes, furs,	leather coats,	designer wear, shoes, a	ccessories	
■ Yes.	Describe	wearing	g apparel			\$400.00
■ No □ Yes. 13. Non-fal Examp ■ No □ Yes. 14. Any otl ■ No	Describe rm animals bles: Dogs, cats, Describe	birds, horse	es Id items you		g rings, heirloom jewelry, watches, gems, gens, gens	old, silver
				om Part 3, including an	y entries for pages you have attached fo	\$1,500.00
	scribe Your Finar vn or have any I		uitable intere	st in any of the followi	ng?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No		-		r home, in a safe deposit	box, and on hand when you file your petition	า

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Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

☐ Yes. Give specific information about them...

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Case number (if known) Document Debtor 1 Poole, Arpagus M. Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for \$1.350.00 Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property?

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

■ No. Go to Part 6.□ Yes. Go to line 38.

Case 17-19189 Doc 1 Filed 06/26/17 Entered 06/26/17 14:36:29 Desc Main Document Page 12 of 50 Case number (if known) Debtor 1 Poole, Arpagus M. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership $\hfill \square$ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 56. \$3,000.00 57. Part 3: Total personal and household items, line 15 \$1,500.00 Part 4: Total financial assets, line 36 58. \$1,350.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$5,850.00 Copy personal property total \$5,850.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$5,850.00

Official Form 106A/B Schedule A/B: Property page 5

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Fill in this infor	mation to identify your	case:	
Debtor 1	Arpagus M. Pool	е	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVISION
Case number			
(if known)			

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
furniture Line from Schedule A/B. 6.1	\$600.00	\$600.0	735 ILCS 5/12-1001(b)
Elle Helli Geriedale 702. GT		□ 100% of fair market value, up to any applicable statutory limit	
2 flat screen tv's, 1 tablet Line from Schedule A/B 7.1	\$500.00	\$500.0	735 ILCS 5/12-1001(b)
Line nom Scredule PAD. 1.1		100% of fair market value, up to any applicable statutory limit	
wearing apparel	\$400.00	\$400.0	735 ILCS 5/12-1001(a)
Ellic Holli Gelleddie A/D 1111		☐ 100% of fair market value, up to any applicable statutory limit	
Chase Line from Schedule A/B 17.1	\$600.00	\$600.0	735 ILCS 5/12-1001(b)
Line Horr ochedale A/D. 17.1		100% of fair market value, up to any applicable statutory limit	
Reclaiming Southwest	\$750.00	\$750.0	735 ILCS 5/12-1001(b)
LINE HOLLI SCHEUUIE AV.D. ZZ. I		100% of fair market value, up to any applicable statutory limit	_

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(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on	or after the date of adjustment.)
■ No	
☐ Yes. Did you acquire the property covered by the exemption within 1,215 da	ays before you filed this case?
□ No	
☐ Yes	

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Fill in this infor	mation to identify your	case:		
Debtor 1	Arpagus M. Pool	le		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVISION	
Case number				
(if known)				

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

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	0430 17 13103 1	Document	Page 16 of 50	0.23 BC30 Wall
Fill in this i	nformation to identify your o			
Debtor 1	Arpagus M. Poole			7
Debtor	First Name	Middle Name	Last Name	}
Debtor 2				
(Spouse if, filing	r) First Name	Middle Name	Last Name	
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT OF ILI	LINOIS, EASTERN DIVISION	
Case number	er			
(if known)				☐ Check if this is an
				amended filing
Official E	orm 106E/F			
		//	Claima	40/4F
		ho Have Unsecured		12/15 ONPRIORITY claims. List the other party to
Schedule G: E D: Creditors V	Executory Contracts and Unexpi Who Have Claims Secured by Pri ion Page to this page. If you hav	ired Leases (Official Form 106G). D operty. If more space is needed, co	o not include any creditors with partially	: Property (Official Form 106A/B) and on y secured claims that are listed in Schedule the entries in the boxes on the left. Attach additional pages, write your name and
Part 1: L	ist All of Your PRIORITY Un	secured Claims		
1. Do any c	reditors have priority unsecure	d claims against you?		
■ No. G	to to Part 2.			
☐ Yes.				
Part 2:	ist All of Your NONPRIORIT	Y Unsecured Claims		
Yes. 4. List all o	f your nonpriority unsecured cla		your other schedules. e creditor who holds each claim. If a credit identify what type of claim it is. Do not list	
than one 2.	creditor holds a particular claim, li	st the other creditors in Part 3.If you h	have more than three nonpriority unsecured	I claims fill out the Continuation Page of Part
				Total claim
4.1 AF	EILLATED DADIOLOGIST	S Last 4 digits of acc	count number	00.00
	FILIATED RADIOLOGIST priority Creditor's Name			\$99.00
	•	When was the debt	incurred?	
_	Box 1888			
	eenville, TX 75403-1888 ber Street City State Zlp Code	As of the data you	file the claim is. Check all that apply	
	incurred the debt? Check one.	As of the date you	file, the claim is: Check all that apply	
_	Debtor 1 only	П О		
	,	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	RITY unsecured claim:	
	At least one of the debtors and and	7.11.01.	ATT UNSECUTEU CIAIM:	
∐ (debt	Check if this claim is for a comr	ilaility	and out of a conception and an in-	thet you did not
	e claim subject to offset?	report as priority clai	ng out of a separation agreement or divorce ims	; triat you did not
		<u>-i</u> ' '	n or profit-sharing plans, and other similar de	ebts
		·	medical services	
		- Other, Specify		

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Debtor 1 Poole, Arpagus M. Case number (if know) 4.2 **AT&T WIRELESS** \$400.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3763 Howard Hughes Las Vegas, NV 89109 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 **Capital One** Last 4 digits of account number \$540.00 1674 Nonpriority Creditor's Name When was the debt incurred? 2016-10 15000 Capital One Dr Richmond, VA 23238-1119 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Revolving account 4.4 **Comenity Bank/Carsons** Last 4 digits of account number \$314.00 1599 Nonpriority Creditor's Name When was the debt incurred? 2016-10 3100 Easton Square PI Columbus, OH 43219-6232 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Revolving account ☐ Yes

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Debtor 1 Poole, Arpagus M. Case number (if know) 4.5 \$279.00 Comenitybk/victoriasec Last 4 digits of account number 7733 Nonpriority Creditor's Name When was the debt incurred? 2016-09 220 W Schrock Rd Westerville, OH 43081-2873 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Revolving account ☐ Yes 4.6 Comenitycap/forever21 Last 4 digits of account number 4802 \$277.00 Nonpriority Creditor's Name When was the debt incurred? 2017-03 PO Box 182120 Columbus, OH 43218-2120 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Revolving account 4.7 Comenitycapital/ulta Last 4 digits of account number \$290.00 4543 Nonpriority Creditor's Name When was the debt incurred? 2016-09 PO Box 182120 Columbus, OH 43218-2120 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Revolving account ☐ Yes

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Debtor 1 Poole, Arpagus M. Case number (if know) 4.8 \$380.00 Credit One Bank NA Last 4 digits of account number 3921 Nonpriority Creditor's Name When was the debt incurred? 2016-12 PO Box 98875 Las Vegas, NV 89193-8875 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Revolving account ☐ Yes 4.9 **First Premier Bank** Last 4 digits of account number 7151 \$125.00 Nonpriority Creditor's Name When was the debt incurred? 2017-04 601 S Minnesota Ave Sioux Falls, SD 57104-4824 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Revolving account 4.10 Last 4 digits of account number \$640.00 **Merrick Bank Corp** 2684 Nonpriority Creditor's Name When was the debt incurred? 2016-12 PO Box 9201 Old Bethpage, NY 11804-9001 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Revolving account ☐ Yes

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Debtor 1 Poole, Arpagus M. Case number (if know) 4.11 \$5,464.00 Navient Last 4 digits of account number 0409 Nonpriority Creditor's Name When was the debt incurred? 2002-04 PO Box 9500 Wilkes Barre, PA 18773-9500 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Installment account ☐ Yes 4.12 **Navient** Last 4 digits of account number 0325 \$3,277.00 Nonpriority Creditor's Name When was the debt incurred? 2002-03 PO Box 9500 Wilkes Barre, PA 18773-9500 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Installment account 4.13 **Resurgence Capital** Last 4 digits of account number \$4,572.00 4170 Nonpriority Creditor's Name When was the debt incurred? 1161 Lake Cook Rd # F Deerfield, IL 60015-5277 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify lawsuit 2016 M1- 104170 ☐ Yes

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Debio	Poole, Arpagus M.	Case number (if know)	
4.14	Rush Oak Park Hospital	Last 4 digits of account number	\$240.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	520 S. Maple Ave. Attn: Patient Billing Oak Park, IL 60304		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify medical services	
4.15	Rush UNIVERSITY MEDICAL CENTER	Last 4 digits of account number	\$1,000.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	PO BOX 73952 CHICAGO, IL 60673		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify medical	
4.16	Speedy Cash 125	Last 4 digits of account number 7516	\$1,031.00
	Nonpriority Creditor's Name	When was the debt incurred? 2015-07	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other Specify Open account	

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Debtor 1	Poole, Ar	pagus M.		Case n	number (if know)	
	yncb/Old I		Last 4 digits of account number	5450		\$312.00
INC	onpriority Crea	illor's Name	When was the debt incurred?	2017-	-03	
-	O Box 965	•••				-
		. 32896-5005 City State ZIp Code		: Ob!-	all that are by	
		he debt? Check one.	As of the date you file, the claim	is: Check	all that apply	
	_		П			
	Debtor 1 only	•	☐ Contingent			
	Debtor 2 only		Unliquidated			
		Debtor 2 only	☐ Disputed			
	At least one	of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
		s claim is for a community	☐ Student loans			
	ebt the claim sub	ject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agr	reement or divorce that you did not	
	No	spect to onset:	Debts to pension or profit-sharin	n nlans a	and other similar debts	
	Yes		Other. Specify Revolving	accour	<u> </u>	-
4.18 S	yncb/Waln	nart	Last 4 digits of account number	5073		\$291.00
	onpriority Cred		-	-		Ψ201100
ъ.	O D	2004	When was the debt incurred?	2017	-04	-
	O Box 965	. 32896-5024				
		City State Zlp Code	As of the date you file, the claim	is: Check	all that apply	
W	ho incurred the	he debt? Check one.				
	Debtor 1 only	y	☐ Contingent			
	Debtor 2 only	<i>V</i>	☐ Unliquidated			
_	-	Debtor 2 only	☐ Disputed			
		of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
		s claim is for a community	☐ Student loans			
	ebt		Obligations arising out of a sepa	ration agr	reement or divorce that you did not	
ls	the claim sub	eject to offset?	report as priority claims			
	No		Debts to pension or profit-sharing	g plans, a	and other similar debts	
] Yes		Other. Specify Revolving	accour	nt	_
Dort 2	l ict Others	to Do Notified About a Dobt	That Var. Already Listed			
		to Be Notified About a Debt	inat You Aiready Listed out your bankruptcy, for a debt that y		hy listed in Ports 4 or 2. For example	la if a callection agency
is trying	to collect from	n you for a debt you owe to som	neone else, list the original creditor in	Parts 1 o	or 2, then list the collection agency	here. Similarly, if you
		reditor for any of the debts that y in Parts 1 or 2, do not fill out or	you listed in Parts 1 or 2, list the addit submit this page.	ional cre	ditors here. If you do not have add	itional persons to be
Name and A	-	•	On which entry in Part 1 or Part 2 did you	list the or	riginal creditor?	
	a Recovery		ine 4.16 of (<i>Check one</i>):] Part 1: 0	Creditors with Priority Unsecured Clai	ms
	33rd St N			Part 2: 0	Creditors with Nonpriority Unsecured	Claims
Wichita,	KS 67205		ast 4 digits of account number	75	516	
			act i digito di decedini maniboli		710	
Part 4:	Add the An	nounts for Each Type of Uns	ecured Claim			
	amounts of o		ns. This information is for statistical re	eporting	purposes only. 28 U.S.C. §159. Add	I the amounts for each
., po o		·····			Total Claim	
	6a.	Domestic support obligations		6a.	\$ 0.00	
Total claim						-
from Part		Taxes and certain other debts	=	6b.	\$ 0.00	
	6c. 6d.	•	ijury while you were intoxicated cured claims. Write that amount here.	6c. 6d.	\$ 0.00	_
	ou.	other. Add all other priority drise	oured daims. Write that amount here.	ou.	\$	-
	6e.	Total Priority. Add lines 6a throu	iah 6d	6e.	•	
	oe.	rotal i fronty. Add lines od tillot	ign ou.	oe.	\$	

Total Claim

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	010, 711	pagae iii.				
	6f.	Student loans	6f.	\$	0.00	
Total claims						
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00	
	o:	Other Add all attended in the common of the	o:	· —		
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	19,531.00	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	19,531.00	

Official Form 106 E/F

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		1701.11111.	HI FAUE / 4 UL JU
Fill in this infor	mation to identify your	case:	
Debtor 1	Arpagus M. Pool	e	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVISION
Case number (if known)			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Number	whom you have the r, Street, City, State and ZIP	contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
0.0	City		State	ZIP Code	
2.2					<u> </u>
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			_
		0001			
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>
	Oity		State	ZIF Code	

Case 17-19189 Doc 1 Filed 06/26/17 Entered 06/26/17 14:36:29 Desc Main Page 25 of 50 Document Fill in this information to identify your case: Debtor 1 Arpagus M. Poole Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION Case number (if known) ☐ Check if this is an amended filing Official Form 106H Schedule H: Your Codebtors 12/15 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. ■ No ☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona,

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out

ZIP Code

ZIP Code

California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

State

State

No. Go to line 3.

Column 2.

Name

Number City

Name

Number

City

3.1

3.2

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Street

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

☐ Schedule D, line

☐ Schedule D, line

☐ Schedule E/F, line ☐ Schedule G, line

☐ Schedule E/F, line ☐ Schedule G, line

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Fill	in this information to identify your car	se:								
Del	btor 1 Arpagus M. I	Poole			_					
_	btor 2 puse, if filing)				_					
Uni	ited States Bankruptcy Court for the:	NORTHERN DISTRIC	CT OF ILLINOIS, EA	ASTERN						
	se number nown)		-					ed filing	g postpetition wing date:	chapter 13
0	fficial Form 106I						MM / DD/ `	YYYY		
S	chedule I: Your Inco	me					IVIIVI 7 DD7			12/15
spo atta	plying correct information. If you a use. If you are separated and your ch a separate sheet to this form. O Describe Employment	spouse is not filing wit	h you, do not inclu	ide inform	atio	n about	your spou	ise. If mor	e space is ne	eded,
1.	Fill in your employment information.		Debtor 1				Debtor	2 or non-fi	ling spouse	
	If you have more than one job,	Employment status	■ Employed				☐ Emp	oyed		
	attach a separate page with information about additional	Employment status	☐ Not employed	I			□ Not €	employed		
	employers.	Occupation	order filler							
	Include part-time, seasonal, or self-employed work.	Employer's name	Readerlink Di Services, LLC		n					
	Occupation may include student or homemaker, if it applies.	Employer's address	1420 Kensing Oak Brook, IL			00				
		How long employed th	nere? <u>12 ye</u>	ars						
Pa	rt 2: Give Details About Mont	thly Income								
	mate monthly income as of the dat ss you are separated.	te you file this form. If y	ou have nothing to r	eport for ar	ıy lin	e, write \$	60 in the sp	ace. Includ	e your non-filii	ng spouse
	u or your non-filing spouse have more ce, attach a separate sheet to this forn		oine the information	for all empl	oyer	s for tha	person on	the lines b	elow. If you ne	eed more
						For De	ebtor 1		btor 2 or ing spouse	
2.	List monthly gross wages, salary deductions). If not paid monthly, ca			2.	\$		1,658.80	\$	N/A	
3.	Estimate and list monthly overting	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add line	e 2 + line 3.		4.	\$	1,6	58.80	\$	N/A	

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Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.	Deb	tor 1	Poole, Arpagus M.	_	(Case	number (if kno	own)				
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Sc. Voluntary contributions for retirement fund loans 5d. Sc. Sc. Voluntary contributions for the form fund form form form fund fund fund fund fund fund fund fund									non-f			
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Social Security 5c. Required repayments of retirement fund loans 5c. In June 1973 S. N/A 5c. In June 1975 S. June		Col	by line 4 here	4.		\$_	1,658.	.80	\$		N/A	<u>\</u>
5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Required repayments of retirement fund loans 5c. Required repayments of retirement fund loans 5c. Insurance 5	5.	List	all payroll deductions:									
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5e. Insurance 5f. South of the property of t		5c.	Voluntary contributions for retirement plans	50	.	\$			\$			_
5f. Domestic support obligations 5g. Union dues 5g. Union dues 5h. Other deductions. Specify: 5h. + \$ 0.000 + \$ N/A 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 608.48		5d.	Required repayments of retirement fund loans	50	d.	\$	0.	.00	\$		N/A	_
5g. Union dues 5h. Other deductions. Specify 5h. Other deductions. Add lines 5a+5b+5c+5c+5d+5e+5f+5g+5h. 6. \$ 608.48 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,050,32 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly ret income. 8b. Increast and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. \$ 0.00 \$ N/A 8e. \$ 0.00 \$ N/A 8e. \$ 0.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance hidy our coesies, such a food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. \$ 0.00 \$ N/A 9. Add all other income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried parmer, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. \$ 1.050 Combined monthly income. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 13. Do you expect an increase or decrease within the year after you file this form?		5e.	Insurance	5e	€.	\$_	197.	.73	\$		N/A	<u></u>
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10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income. No.		8h.	Other monthly income. Specify:			\$			+ \$			_
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. 13. Do you expect an increase or decrease within the year after you file this form? No.	9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	— 9.	,	\$	0.	00	\$		N/	A
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. 13. Do you expect an increase or decrease within the year after you file this form? No.	10.	Cal	culate monthly income. Add line 7 + line 9	10.	\$		1 050 32	+ \$		Ν/Δ	= \$	1,050.32
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies 12. Combined monthly incomentable. Do you expect an increase or decrease within the year after you file this form? No.			•				1,000.02	Ľ			<u> </u>	1,000.02
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly incompared by the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Tombined monthly incompared by the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. No.	11.	Incl othe Do	ude contributions from an unmarried partner, members of your household, your der friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not av	epend							+\$	0.00
13. Do you expect an increase or decrease within the year after you file this form? ■ No	12.									₃ 12.		1,050.32
	13.		No	?								

Official Form 106I Schedule I: Your Income page 2

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Filli	in this information to identify your case:				
Debt			Che	ck if this is:	
	Ai pagus M. Foole			An amended filing	
Debt (Spo	tor 2			A supplement show expenses as of the	ring postpetition chapter 13 following date:
` '	·			•	
Unite	ed States Bankruptcy Court for the: NORTHERN DISTRICT OF ILL EASTERN DIVISION	_INOIS,		MM / DD / YYYY	
000	e number				
1	nown)				
 ∩f	ficial Form 106J				
	chedule J: Your Expenses				12/1:
Be a	as complete and accurate as possible. If two married people a primation. If more space is needed, attach another sheet to this known). Answer every question.				supplying correct
Part					
1.	Is this a joint case?				
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?				
	□ No			_	
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expense	es for Separate Householdol	f Debto	r 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	•	ip to	Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.			_	☐ Yes
					□ No □ Yes
		-			□ No
					☐ Yes
					□ No
					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes				
Part	t 2: Estimate Your Ongoing Monthly Expenses				
exp	imate your expenses as of your bankruptcy filing date unless enses as of a date after the bankruptcy is filed. If this is a sur licable date.				
	ude expenses paid for with non-cash government assistance				
	ue of such assistance and have included it on Schedule I: You iicial Form 106l.)	ur Income		Your exp	enses
4.	The rental or home ownership expenses for your residence payments and any rent for the ground or lot.	. Include first mortgage	4. \$	B	698.00
	If not included in line 4:				
	4a. Real estate taxes		4a. S	.	0.00
	4b. Property, homeowner's, or renter's insurance		4b. S		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00
5	4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as h	home equity loans	4d. \$		0.00

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Debtor 1 Poole	e, Arpagus M. Ca	ase num	ber (if known)	
6. Utilities:				
	city, heat, natural gas	6a.	\$	180.00
	, sewer, garbage collection	6b.	\$	0.00
	none, cell phone, Internet, satellite, and cable services	6c.	\$	130.00
•	Specify:	6d.		0.00
	pusekeeping supplies	- 7.	· : ———	300.00
	nd children's education costs	7. 8.	\$	
			·	0.00
•	undry, and dry cleaning	9.	\$	100.00
	re products and services	10.	\$	100.00
	dental expenses	11.	\$	0.00
	ion. Include gas, maintenance, bus or train fare. de car payments.	12.	\$	200.00
	nt, clubs, recreation, newspapers, magazines, and books	13.	·	0.00
	ontributions and religious donations	14.		0.00
5. Insurance.	ont is and rengious donations		Ψ	0.00
	de insurance deducted from your pay or included in lines 4 or 20.			
15a. Life ins		15a.	\$	0.00
15b. Health	insurance	15b.	\$	0.00
15c. Vehicle	e insurance	15c.	\$	70.00
	insurance. Specify:	15d.		0.00
	ot include taxes deducted from your pay or included in lines 4 or 20.			0.00
Specify:		_ 16.	\$	0.00
	or lease payments: lyments for Vehicle 1	17a.	¢	0.00
		17a. 17b.		0.00
•	syments for Vehicle 2		·	0.00
17c. Other.		17c.		0.00
17d. Other.	· · ·	_ 17d.	\$	0.00
	ents of alimony, maintenance, and support that you did not report as om your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	ents you make to support others who do not live with you.		\$	0.00
Specify:	one you mane to capper one of the net into mining our	19.		0.00
	roperty expenses not included in lines 4 or 5 of this form or on Schedule	_	ır Income.	
	ages on other property	20a.		0.00
20b. Real e		20b.	\$	0.00
	rty, homeowner's, or renter's insurance	20c.	·	0.00
•	enance, repair, and upkeep expenses	20d.		0.00
	owner's association or condominium dues	20e.		0.00
I. Other: Speci		21.		
. Other. Speci	<u> </u>		-Ψ	0.00
2. Calculate yo	our monthly expenses]	
22a. Add line	es 4 through 21.		\$	1,778.00
22b. Copy lir	ne 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line	22a and 22b. The result is your monthly expenses.		\$	1,778.00
				-,
•	our monthly net income.	00	Φ.	
	ine 12 (your combined monthly income) from Schedule I.	23a.	·	1,050.32
23b. Copy y	your monthly expenses from line 22c above.	23b.	-\$	1,778.00
	ct your monthly expenses from your monthly income.			707.00
	sult is your monthly net income.	23c.	\$	-727.68
For example, of	ect an increase or decrease in your expenses within the year after you fil to you expect to finish paying for your car loan within the year or do you expect your mother terms of your mortgage?			or decrease because of
☐ Yes.	Explain here:			

modification to the ti	location to the terms of your mortgage?					
■ No.						
☐ Yes.	Explain here:					

Fill in this inform	nation to identify your	case:		-	
Debtor 1	Arpagus M. Pool	e			
	First Name	Middle Name	Last Name)
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS, EASTERN DI	VISION	
Case number (if known)					☐ Check if this is an amended filing
Official Forn Declarat		an Individual	Debtor's Sch	nedules	12/15
years, or both. 18	or property by fraud if 3 U.S.C. §§ 152, 1341, 19 n Below		ptcy case can result in fin	ies up to \$250,000	0, or imprisonment for up to 20
		one who is NOT an attorne	y to help you fill out bank	ruptcy forms?	
☐ Yes. N	lame of person				nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
that they are X Arpagi	ty of perjury, I declare true and correct. us M. Poole e of Debtor 1	that I have read the summa	x Signature of De		n and
Date 1	May 27, 2017		Date		

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	436 17 13103 1	Docume Docume		1 14.00.23	Desc Main
Fill in this infor	mation to identify your	case:			
Debtor 1	Arpagus M. Pool	е			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS, EASTERN DIVISION	٧	
Case number (if known)					☐ Check if this is an amended filing
0((; ;) [1000				g

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Pai	t 1: Summarize Your Assets		
		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	28,850.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	28,850.00
Pai	t 2: Summarize Your Liabilities		
		Your lia	abilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F	\$	19,531.00
	Your total liabilities	\$	19,531.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I	\$	1,050.32
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,778.00
Pai	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your or	ther schedul	es.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159.	ersonal, fam	nily, or household
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this be court with your other schedules.	ox and subm	nit this form to the

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Debtor 1 Poole, Arpagus M. Document Page 32 of 50 Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Bort 4 on Calcady la E/E against the fall and an	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Fil	l in th	is informa	ion to identify your	case:			
De	btor 1		Arpagus M. Poo	le Middle Name	Last Name		
	btor 2 ouse if,		First Name				
			ruptcy Court for the:	Middle Name	Last Name DF ILLINOIS, EASTERN DIVI	SION	
			aptoy Court for the.	NORTHERN BIOTRIOT C	TELINOIO, EASTERN DIVI	BION	
	nown)	mber		····		I —	Check if this is an mended filing
		al Forr					
St	ate	ment c	f Financial A	Affairs for Individ	luals Filing for Ba	ankruptcy	4/1
info	rmati	ion. If mor	accurate as possib e space is needed, a every question.	le. If two married people are ttach a separate sheet to th	e filing together, both are eq is form. On the top of any a	ually responsible for supply dditional pages, write your	ring correct name and case number
Pa	rt 1:	Give Det	ails About Your Mar	ital Status and Where You	Lived Before		
1.	Wha	ıt is your c	urrent marital status	?			
		Married Not marrie	đ				
2.	Duri	ing the last	3 years, have you l	ived anywhere other than w	here you live now?		
		No					
		Yes. List a	ll of the places you live	ed in the last 3 years. Do not in	nclude where you live now.		
	Del	otor 1 Prior	Address:	Dates Debtor 1 I there	ived Debtor 2 Prior Add	iress:	Dates Debtor 2 lived there
3. state	With es an	nin the last d territories	8 years, did you eve include Arizona, Cali	e r live with a spouse or leg a fornia, Idaho, Louisiana, Neva	il equivalent in a community ada, New Mexico, Puerto Rico	r property state or territory? o, Texas, Washington and Wi	(Community property sconsin.)
		No					
		Yes. Make	sure you fill out Sche	dule H: Your Codebtors (Offic	ial Form 106H).		
Pa	rt 2	Explain t	he Sources of Your	Income			
4.	Fill i	n the total a	mount of income you	received from all jobs and al	a business during this yea I businesses, including part-ti gether, list it only once under C		ar years?
		No					
		Yes. Fill in	the details.				
				Debtor 1		Debtor 2	
				Sources of Income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
			current year until or bankruptcy:	■ Wages, commissions, bonuses, tips	\$13,000.00	☐ Wages, commissions, bonuses, tips	
				Operating a business		☐ Operating a business	

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De	btor 1 P	oole, Arpa	gus M.		Case	e number(if known)	
				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
		ndar year: o December :	31, 2016)	■ Wages, commissions, bonuses, tips	\$30,056.00	☐ Wages, commiss bonuses, tips	ons,
				☐ Operating a business		☐ Operating a busin	ess
		ndar year be o December		■ Wages, commissions, bonuses, tips	\$31,854.00	☐ Wages, commissionuses, tips	ons,
				☐ Operating a business		☐ Operating a busing	ess
5.	Include ir other put you are fi	ncome regard plic benefit pay iling a joint cas	less of whether yments; pension se and you has the gross incor		ples of other income are alimi idends; money collected from gether, list it only once under [lawsuits; royalties; and Debtor 1.	al Security, unemployment, ang gambling and lottery winnings. I
				Debtor 1 Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
Рa	rt 3: Lis	st Certain Pa	yments You	Made Before You Filed for E	Bankruptcy		
6.	Are eithe No.	Neither De	ebtor 1 nor D	s debts primarily consumer ebtor 2 has primarily consul personal, family, or household	mer debts. Consumer debts	are defined in 11 U.S.C.	§ 101(8) as "incurred by an
		During the	90 days befor	e you filed for bankruptcy, did	you pay any creditor a total of	\$6,425* or more?	
		□ No.	Go to line 7				
		☐ Yes	creditor. Do payments to	ach creditor to whom you paid not include payments for don an attorney for this bankruptc on 4/01/19 and every 3 years a	nestic support obligations, su y case.	ch as child support and	•
	■ Yes			r both have primarily consure e you filed for bankruptcy, did		\$600 or more?	
		■ No.	Go to line 7				
		□ _{Yes}					that creditor. Do not include ude payments to an attorney for
	Credito	r's Name and	d Address	Dates of payme	nt Total amount paid	Amount you Wa	s this payment for
7.	Insiders i	include your re u are an office	elatives; any g er, director, pe	bankruptcy, did you make a eneral partners; relatives of an rson in control, or owner of 20 rietor. 11 U.S.C. § 101. Include	y general partners; partnership % or more of their voting secui	os of which you are a ge rities; and any managing	neral partner; corporations of agent, including one for a
	■ No □ Yes	s. List all paym	nents to an ins	ider.			
	Insider'	's Name and	Address	Dates of payme	nt Total amount paid	Amount you Re still owe	ason for this payment

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Det	otor 1	Poole, Arpagus M.		Case no	umber (if known)				
8.	insid	lithin 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an sider? clude payments on debts guaranteed or cosigned by an insider.							
		No Yes. List all payments to an insider							
	Insi	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this p Include creditor's r			
Par	t 4:	Identify Legal Actions, Repossession	ns, and Foreclosures						
9.	List a	in 1 year before you filed for bankrupt all such matters, including personal injury o contract disputes.					y modifications,		
		No							
		Yes. Fill in the details.							
		e title e number	Nature of the case	Court or agency		Status of the case	•		
		surgence Capital v. Poole M1-104170	collection	Resurgence Capit 1161 Lake Cook R		Pending			
	101	W11-104170		Deerfield, IL 6001		On appeal			
				,		☐ Concluded			
		ck all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.							
	Cre	ditor Name and Address	Describe the Property	1	Date		Value of the property		
			Explain what happens	ed					
11.	acco	in 90 days before you filed for bankrup unts or refuse to make a payment bec		cluding a bank or financi	al institution, s	et off any amounts	from your		
	_	No Yes. Fill in the details.							
		ditor Name and Address	Describe the action th	ne creditor took	Date a taken	ction was	Amount		
12.		in 1 year before you filed for bankrupt t-appointed receiver, a custodian, or a		erty in the possession o	f an assignee fo	or the benefit of cr	editors, a		
		No							
	u	Yes							
Par	t 5:	List Certain Gifts and Contributions					·		
13.	_	in 2 years before you filed for bankrup No	otcy, did you give any gif	ts with a total value of m	ore than \$600 p	er person?			
		Yes. Fill in the details for each gift.							
	Gift	s with a total value of more than \$600 periods	per Describe the gift	S	Dates the gif	you gave ts	Value		
		son to Whom You Gave the Gift and lress:							

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Det	otor 1 Poole, Arpagus M.	Case r	number (if known)					
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.							
	Yes. Fill in the details for each gift or c Gifts or contributions to charities that		Dates you	Value				
	more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co	• • • • • • • • • • • • • • • • • • •	contributed	Value				
Par	t 6: List Certain Losses							
15.	Within 1 year before you filed for bankr or gambling?	ruptcy or since you filed for bankruptcy, did you los	e anything because of theft,	fire, other disaster,				
	■ No							
	Yes. Fill in the details.							
	Describe the property you lost and	Describe any insurance coverage for the loss	Date of your	Value of property				
	how the loss occurred	Include the amount that insurance has paid. List per insurance claims on line 33 of Schedule A/B: Proper	nding loss	los				
Pai	t 7: List Certain Payments or Transfe	ers						
16.	consulted about seeking bankruptcy or	ruptcy, did you or anyone else acting on your behalt r preparing a bankruptcy petition? preparers, or credit counseling agencies for services requ		y to anyone you				
	□ No							
	Yes. Fill in the details.							
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	Description and value of any property transferred You	Date payment or transfer was made	Amount o paymen				
	Heller & Richmond, Ltd. 33 N Dearborn St Ste 1907	USC	5/27/2017	\$650.00				
	Chicago, IL 60602-3828							
17.		ruptcy, did you or anyone else acting on your behalt editors or to make payments to your creditors? t you listed on line 16.	f pay or transfer any propert	y to anyone who				
	Yes. Fill in the details.							
	Person Who Was Paid	Description and value of any property	Date payment or	Amount o				
	Address	transferred	transfer was made	paymen				
18.	transferred in the ordinary course of yo	rs made as security (such as the granting of a security in		• • •				
		Description and value of		D-4- 4				
	Person Who Received Transfer Address	property transferred pa	escribe any property or hyments received or debts ald in exchange	Date transfer was made				
	Person's relationship to you		-					
19.	Within 10 years before you filed for bar	nkruptcy, did you transfer any property to a self-set	tled trust or similar device of	f which you are a				

Official Form 107

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Deb	tor 1	Poole, Arpagus M.			Case nur	mber(if known)		
							•	
	bene	ficiary? (These are often called asset-prot	ection devices.)					
	_	No						
		Yes. Fill in the details.	December 1 and 1 and 1 and 1			-4d	Data Transfer was	
	Nan	ne of trust	Description and	value of the pro	репу тап	sterrea	Date Transfer was made	
Part	8:	List of Certain Financial Accounts, Ins	truments, Safe Deposi	t Boxes, and St	orage Units	<u> </u>		
20.	With	in 1 year before you filed for bankruptc	v, were any financial a	counts or instr	uments hel	ld in your name, or for y	our benefit, closed,	
	sold, Inclu	, moved, or transferred? ide checking, savings, money market, o ses, pension funds, cooperatives, assoc	r other financial accou	nts; certificates	of deposit			
	_	No						
		Yes. Fill in the details.		_ :		-	Land tratament ballana	
		ne of Financial Institution and Iress (Number, Street, City, State and ZIP e)	Last 4 digits of account number	Type of acci	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	
	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?							
		No Yes. Fill in the details.						
		ne of Financial Institution Iress (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, and ZIP Code)		Describe	e the contents	Do you still have it?	
22.	Have	you stored property in a storage unit o	or place other than you	r home within 1	year befor	re you filed for bankrupt	cy?	
		No						
		Yes. Fill in the details.						
		ne of Storage Facility Iress (Number, Street, City, State and ZIP Code)	Who else has on to it? Address (Number and ZIP Code)		Describe	e the contents	Do you still have it?	
Part	9:	Identify Property You Hold or Control	for Someone Else					
	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.							
		No						
	=	Yes. Fill in the details.						
	Ow	ner's Name Iress (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City Code)		Describe	e the property	Value	
Par	t 10:	Give Details About Environmental Info	ormation					
Fort	he p	urpose of Part 10, the following definition	nns anniv					
1011	но р	arpose of rait 10, the following definition	σιιο αμμιγ.					
	toxic	<i>ironmental law</i> means any federal, state c substances, wastes, or material into th trolling the cleanup of these substances	ne air, land, soil, surfac		• .	•		
	Site	means any location, facility, or property, operate, or utilize it, including disposa	, as defined under any	environmental	law, wheth	er you now own, operate	e, or utilize it or used to	
		ardous material means anything an envi erial, pollutant, contaminant, or similar t		as a hazardous	waste, haz	zardous substance, toxi	c substance, hazardous	

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Del	btor 1	Poole, Arpagus M.		Case number(if known)	
24.	Has	any governmental unit notified you that	you may be liable or potentially liable ur	nder or in violation of an environr	nental law?
	_	No			
		Yes. Fill in the details.			
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Hav	e you notified any governmental unit of a	•		
	_		•		
		No Yes. Fill in the details.			
	— Na	me of site	Governmental unit	Environmental law, if you	Date of notice
	Ad	dress (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)	know it	
26.	Hav	e you been a party in any judicial or adm	inistrative proceeding under any enviro	nmental law? Include settlements	and orders.
		No			
		Yes. Fill in the details.			
		se Title se Number	Court or agency Name	Nature of the case	Status of the case
	Ua:	sa ummai	Address (Number, Street, City, State and ZIP Code)		Case
Pa	rt 11:	Give Details About Your Business or C	connections to Any Business		
27.	Wit	hin 4 years before you filed for bankruptc	v. did vou own a business or have any	of the following connections to ar	v business?
		\square A sole proprietor or self-employed in	•	_	.,
		☐ A member of a limited liability compa		·	
		_	iny (LLO) of innited habitity partitership	(LLI)	
		☐ A partner in a partnership			
		☐ An officer, director, or managing exe	·		
	_	☐ An owner of at least 5% of the voting	or equity securities of a corporation		
		No. None of the above applies. Go to Pa	art 12.		
		Yes. Check all that apply above and fill i	in the details below for each business.		
	Ad	siness Name dress	Describe the nature of the business	Employer Identification num Do not include Social Securi	
	(Nu	mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed	
 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include institutions, creditors, or other parties. 		lude all financial			
		No			
		Yes. Fill in the details below.			
	Ad	me dress mber, Street, City, State and ZIP Code)	Date Issued		
Da		-			
Гd	11 12	Sign Below		····	
		ead the answers on this <i>Statement of Fina</i> correct. I understand that making a false			
ban	krup	tcy case can result in fines up to \$250,000			
/18 (J.S.C	S. §§ 152, 1341, 1519, and 3571.			
		us M. Poole	Signature of Debtor 2		
Sig	gnatu	re of Debtor 1			
Da	te _	May 27, 2017	Date	 	

Official Form 107

Software Copyright (c) 1996-2016 CIN Group - www.cincompass.com bede 1 Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Tes. Name of Person____ Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? S∌Y □ Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? Deptor 1 Poole, Arpagus M. Case number (if known)

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Document

Ad Astra Recovery Serv 7330 W 33rd St N Ste 118 Wichita, KS 67205-9370

AFFILIATED RADIOLOGISTS PO Box 1888 Greenville, TX 75403-1888

AT&T WIRELESS 3763 Howard Hughes Las Vegas, NV 89109

Capital One 15000 Capital One Dr Richmond, VA 23238-1119

Comenity Bank/Carsons 3100 Easton Square Pl Columbus, OH 43219-6232

Comenitybk/victoriasec 220 W Schrock Rd Westerville, OH 43081-2873

Comenitycap/forever21 PO Box 182120 Columbus, OH 43218-2120 Comenitycapital/ulta PO Box 182120 Columbus, OH 43218-2120

Credit One Bank NA PO Box 98875 Las Vegas, NV 89193-8875

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824

Merrick Bank Corp PO Box 9201 Old Bethpage, NY 11804-9001

Navient PO Box 9500 Wilkes Barre, PA 18773-9500

Resurgence Capital 1161 Lake Cook Rd # F Deerfield, IL 60015-5277

Rush Oak Park Hospital 520 S. Maple Ave. Attn: Patient Billing Oak Park, IL 60304 Rush UNIVERSITY MEDICAL CENTER PO BOX 73952 CHICAGO, IL 60673

Syncb/Old Navy PO Box 965005 Orlando, FL 32896-5005

Syncb/Walmart PO Box 965024 Orlando, FL 32896-5024 Case 17-19189 Doc 1 Filed 06/26/17 Entered 06/26/17 14:36:29 Desc Main Document Page 43 of 50

United States Bankruptcy Court Northern District of Illinois, Eastern Division

IN RE:		Case No.
Poole, Arpagus M.		Chapter 7
	Debtor(s)	
	VERIFICATION OF CREDITO	OR MATRIX
		Number of Creditors17
The above-named Debtor(s) her	eby verifies that the list of creditors is tru	ne and conrect to the best of my (our) knowledge.
Date: May 27, 2017	(RADamo	409C
	Debtor	
	Joint Debtor	

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Fill in this information to identify your case:		
Debtor 1 Arpagus M. Poole		
First Name Middle Nam Debtor 2	e Last Name	
(Spouse if, filing) First Name Middle Name	e Last Name	•
United States Bankruptcy Court for the: NORTHERN D	DISTRICT OF ILLINOIS, EASTERN DIVISION	
Case number		
(if known)		Check if this is an amended filing
Official Form 108		
Statement of Intention for Inc	lividuals Filing Under Chapte	r 7 12/15
If you are an individual filing under chapter 7, you must	fill out this form if:	
creditors have claims secured by your property, or		
you have leased personal property and the lease has You must file this form with the court within 30 days after whichever is earlier, unless the court extends the form		
If two married people are filing together in a joint case, be and date the form.	ooth are equally responsible for supplying correct inform	nation. Both debtors must sign
Be as complete and accurate as possible. If more space write your name and case number (if known).	is needed, attach a separate sheet to this form. On the t	op of any additional pages,
Part 1: List Your Creditors Who Have Secured Claim	_	
Part 1: List Your Creditors Who Have Secured Claim	5	
 For any creditors that you listed in Part 1 of Schedule information below. 	D: Creditors Who Have Claims Secured by Property (Of	ficial Form 106D), fill in the
Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	, –
Description of	Retain the property and enter into a Reaffirmation	☐ Yes
property	Agreement. ☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	
Description of	☐ Retain the property and enter into a Reaffirmation	☐ Yes
Description of property	Agreement.	
securing debt:	☐ Retain the property and [explain]:	
000011119 00011		
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	☐ Retain the property and enter into a Reaffirmation	☐ Yes
Description of property	Agreement.	
securing debt:	Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1 Poole, Arpagus M.	Case number(if known)	
name:	☐ Retain the property and redeem it. ☐ Retain the property and enter into a <i>Reaffirmation</i>	☐ Yes
Description of	Agreement.	
property	☐ Retain the property and [explain]:	
securing debt:		-
Part 2: List Your Unexpired Personal Property Leases		
For any unexpired personal property lease that you listed the information below. Do not list real estate leases. Une may assume an unexpired personal property lease if the	d in Schedule G: Executory Contracts and Unexpired I xpired leases are leases that are still in effect; the leas	eases (Official Form 106G), fill in e period has not yet ended. You
Describe your unexpired personal property leases		Will the lease be assumed?
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name: Description of leased		□ No
Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Part 3: Sign Below		
Under penalty of perjury, I declare that I have indicated n	ny intention about any property of my estate that secu	res a debt and any personal
property that is subject to an unexpired lease.		
X Arpagus M. Poole J Signature of Debtor 1	Signature of Debtor 2	
Date May 27, 2017	Date	

 $_{B201B\;(Form\;2018)}Case_{2/9}7\text{-}19189$

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Northern District of Illinois, Eastern Division

IN RE:		Case No.
Poole, Arpagus M.		Chapter 7
	Debtor(s)	

	OF NOTICE TO CONS 42(b) OF THE BANKRU	
Certificate of [N	on-Attorney] Bankruptcy	Petition Preparer
I, the [non-attorney] bankruptcy petition preparer signotice, as required by § 342(b) of the Bankruptcy Co		reby certify that I delivered to the debtor the attached
Printed Name and title, if any, of Bankruptcy Petitic Address:	-	Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
x		(Required by 11 U.S.C. § 110.)
Signature of Bankruptcy Petition Preparer of officer partner whose Social Security number is provided al		n, or
	Certificate of the Debtor	
I (We), the debtor(s), affirm that I (we) have received	ed and read the attached notice	e, as required by § 342(b) of the Bankruptcy Code.
Poole, Arpagus M.	X	6/26/2017
Printed Name(s) of Debtor(s)	Signature	of Debtor Date
Case No. (if known)	X Signatura	of Joint Debtor (if any)

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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B201B (Form 201B) (12/09)

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United States Bankruptcy Court Northern District of Illinois, Eastern Division

IN RE:	Case No		
Poole, Arpagus M.	Chapter 7		
Debtor(s) CERTIFICATION OF NOTICE UNDER § 342(b) OF THE	· · · · · · · · · · · · · · · · · · ·		
Certificate of [Non-Attorney]	Bankruptcy Petition Preparer		
I, the [non-attorney] bankruptcy petition preparer signing the debtor notice, as required by § 342(b) of the Bankruptcy Code.	's petition, hereby certify that I delivered to the debtor the attached		
Printed Name and title, if any, of Bankruptcy Petition Preparer Address:	Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)		
X			
Certificate o	f the Debtor		
I (We), the debtor(s), affirm that I (we) have received and read the a Poole, Arpagus M. Printed Name(s) of Debtor(s)	x Signature of Debtor Attached notice, as required by § 342(b) of the Bankruptcy Code. Signature of Debtor Signature of Debtor Date		
Case No. (if known)	X Signature of Joint Debtor (if any) Date		

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

In re	Poole, Arpagus M.		Case No.	
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPENSA	TION OF ATTORN	EY FOR D	DEBTOR
C	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the e rendered on behalf of the debtor(s) in contemplation of or in	petition in bankruptcy, or ag	reed to be paid	d to me, for services rendered or to
			\$	750.00
	Prior to the filing of this statement I have received		\$	750.00
	Balance Due		\$	0.00
2. T	he source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3. T	he source of compensation to be paid to me is:	•		
	■ Debtor □ Other (specify):			
4. ▮	I have not agreed to share the above-disclosed compensation firm.	n with any other person unles	s they are men	nbers and associates of my law
[I have agreed to share the above-disclosed compensation wi copy of the agreement, together with a list of the names of the same of the copy of the agreement.			
5. I	n return for the above-disclosed fee, I have agreed to render leg	gal service for all aspects of t	he bankruptcy	case, including:
b c.	Analysis of the debtor's financial situation, and rendering address of the debtor's financial situation, and rendering address expression and filing of any petition, schedules, statement of Representation of the debtor at the meeting of creditors and continuous continuous as needed.	f affairs and plan which may	be required;	
6. B	y agreement with the debtor(s), the above-disclosed fee does n	ot include the following serv	ice:	
	CER	FIFICATION		
	certify that the foregoing is a complete statement of any agree inkruptcy proceeding.	ment or arrangement for payr	nent to me for	representation of the debtor(s) in
Ju	ne 22, 2017	/s/ Michael R. Richmon	nd	
Do	ate	Michael R. Richmond		
		Signature of Attorney Heller & Richmond, Lt	d.	
		33 N Dearborn St Ste	1907	
		Chicago, IL 60602-382		,
		(312) 781-6700 Fax: (3 mrichmond@hellerric		14
		Name of law firm		

ATTORNEY-CLIENT AGREEMENT

This Agreement is made this 14th day of April, 2017 by and between Heller & Richmond, Ltd. (hereinafter referred to as "Attorney) of 33 N. Dearborn St., Suite 1907, Chicago, IL 60602 Arpagus M. Poole (hereinafter referred to as "Client") of Chicago, IL

WHEREAS, "Client" desires to engage the legal services of "Attorney" to advise and represent "Client" concerning "Client's" desire to seek Bankruptcy relief pursuant to title 11 of the United States Code; and

WHEREAS, "Attorney" desires to provide such legal services to "Client":

IT IS HEREBY AGREED by and between the Parties hereto, in consideration of the mutual covenants contained herein:

TERMS OF AGREEMENT

- 1. Professional Legal Services to be Provided.
- A. Attorney shall provide the following professional legal services for "Client" in the above referenced bankruptcy matter:
 - Analysis of the "Client's" financial situation and rendering advice to the "Client" in determining whether to file a petition in bankruptcy;
 - 2. Preparation and filing of any petition, schedules, statement of affairs, or plan which may be required.
 - 3. Representation of "Client" at the meeting of the creditors and confirmation hearing;
 - 4. Other:
- B. Professional legal services to be provided by "Attorney" to "Client shall not include:
 - 1. Rendering advice or representing any other person or entity related to or a dependent of "Client";
 - Filing a notice of appeal, or prosecuting or defending an appeal of any judicial ruling, except by separate agreement of the parties, hereto; or,
 - Representing "Client" in any other judicial or administrative or alternative dispute resolution proceeding, except by separate agreement of the parties, hereto;
 - 4. The filing of any adversary complaint to determine the dischargability of an otherwise non-dischargeable debt.
- 2. Compensation for Legal Service Provided. "Client" agrees to pay to "Attorney" and "Attorney" agrees to accept from "Client" \$750.00 for the performance of these services (hereinafter referred to as "fee") in addition to the costs of approximately three hundred ninety five dollars** (\$395.00)

It is hereby acknowledged that this "fee" has been based upon "Client's" representation that he/she has the following type and number of debts:

- a. -0- secured creditors;
- b. -*- unsecured creditors; (*UP TO 30 UNSECURED CREDITORS)
- c. -0- priority debts; (GOVT. DEBT INCLUDING STUDENT LOAN IS GENERALLY NOT DISCHARGABLE)

This stated "fee" has been further based upon "Client's representation that he/she has:

- a. -1- law suits pending against him/her; (Resurgence Financial 16 M1 104170)
- b. -0- wage assignments pending against him/her.

"Client" agrees to pay an additional fee of one hundred dollars (\$100.00) for each of the following additional items that have not been disclosed above:

- a. each secured creditor;
- b. each group of up to ten unsecured creditors over the first ten unsecured creditors;
- c. each law suit or wage assignment pending against "Client" at the time the bankruptcy is filed;
- d. "Attorney" notification to the Secretary of State of the bankruptcy in the event "Client"s driving privileges had been previously suspended in accordance with the financial responsibility laws of the State of Illinois

"Client" also acknowledges that the "fee" has been determined based upon the minimal amount of expected work to be performed on this bankruptcy matter, and that if additional legal services, such as representing "Client" in contested matters or adversary proceedings, must be performed, if "Client" fails to attend a meeting of the creditors or any court hearing or if the petition, once prepared, has to be revised due to "Client's" failure to provide complete or accurate information, including but not limited to the list of creditors as referred to in Section 5(f) below or if "Attorney" is forced to take any steps to collect any past due Attorneys fees from "Client", "Client" shall be responsible for additional fees at a rate of two hundred fifty dollars (\$250.00) per hour.

"Client" agrees to pay all fees and court costs as follows:

- 1. \$500.00 upon the execution of this agreement;
- 2. credit of \$100.00 for \$250 fee paid on 3/3/14
- 3. Balance due prior to filing, but within 90 days

"Client" acknowledges that "Attorney" is not responsible for filing a petition or initiating any bankruptcy proceeding until "Client" has paid "Attorney" at least \$1,045.00 and that any monies paid upon the execution of this agreement are non-refundable and are intended to compensate "Attorney" for his time spent in compiling the information necessary to prepare, or other steps towards the preparation of, a petition in bankruptcy.

3. Client Cooperation. "Client" agrees to fully cooperate with "Attorney" in performing professional legal services, including, but not limited to, fully disclosing all of "Client's" potential assets and liabilities, timely appearing at meetings and hearings, promptly returning phone calls from "Attorney" to "Client", promptly communicating any changes in circumstances to "Attorney", including change of employment and change of address, and paying all legal fees and expenses as they become due. "Client" hereby warrants and covenants that he/she has fully disclosed to "Attorney" all known or suspected real property, tangible and intangible personal property, debts, leases contracts, claims in favor of or against "Client" and taxes owed.

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4. Termination of Agreement.

- A. "Client" may terminate this Agreement with "Attorney" at any time upon written notice to "Attorney". In the event of such termination, "Client" shall pay all legal fees incurred and shall notify "Attorney" in writing, if "Client" desires his/her file turned-over to any person or entity.
 - B. "Attorney" may terminate this Agreement upon written notice to "Client" for "cause". "Cause shall include, but shall not be limited to

the following:

- 1. "Attorney" learning of "Client's" intention to commit an act that may constitute a bankruptcy crime or fraud or other unlawful conduct, and "Client's" refusal to refrain from such conduct;
- 2. "Client's" failure to promptly pay legal fees or expenses incurred; or
- 3. Any other permissive or mandatory cause to withdraw form the Attorney-Client relationship as provided for in the Code of Professional Responsibility.

5. "Client" acknowledgment.

- A. "Attorney" has advised "Client" that his/her spouse, if any is jointly liable for many of "Client's" debts that have been incurred, since the time of "Client's" marriage and that "Client's" spouse can be held responsible for these debts, unless the spouse files a joint or separate petition for bankruptcy. "Attorney" has advised "Client" that there would be no additional legal "fee" or court costs to add the "Client's" spouse on a joint petition for bankruptcy, provided that the spouse does not have any creditors other than those upon which "Client's" fee was based.
- B. "Attorney" has advised "Client" that some debts may not be dischargeable and in particular, secured debts or those in which "Client" has pledged some property as collateral against a loan or other financing, are not dischargeable, unless "Client" is willing to return the property, which has been pledged as collateral, to the creditor. "Client" has been further advised that in many instances he/she may retain the property, which has been pledged as collateral, if he/she agree to reaffirm the debt and continue to pay the creditor, as they were bound to do, before the filing of bankruptcy.
- C. "Attorney" has reviewed with "Client" his/her options to file under Chapter 7, Chapter 11 and Chapter 13 of Title 11 of the United States Code and "Client" has elected to proceed under Chapter 7 "Client" is aware that if he/she proceeds with a Chapter 7 then he/she will be required to forfeit any and all property owned in full or in part by "Client" other than those exemptions permitted by statute and in most instances the amount of property entitled to those exemptions is minimal. The property that could be forfeited includes, but is not limited to real estate, cash, bank accounts, household goods and furnishings, appliances, artwork, collections, sports equipment, tools, jewelry, income tax refunds, vehicles or anything else of value or potential value.
- D. "Client" acknowledges that he/she has read both front and back of this agreement and "Attorney" has answered any questions that "Client" may have had about its content.
 - E. "Client" acknowledges receipt of a copy of this agreement at the time of its execution.
- F. It is the obligation of "Client" to supply "Attorney" with a neat, legible and complete list of all creditors of "Client" and for each creditor include their complete name, address, account number and balance owed; also, if that account was referred to a collection agency or lawyer then also include the name, address and account number of the collection agency or lawyer.
- G. "Client" understands that "Attorney's" obligation to represent "Client" will end no later than upon the entry of the Order of Discharge in Bankruptcy and "Client" will be responsible for payment of additional fees at the rate of two hundred dollars (\$200.00) per hour for any service that might be requested after the entry of the Order of Discharge including but not limited to telephone advise, file retrieval, providing copies of any file related documents and issues concerning credit bureau reports, obtaining credit or other forms of credit repair.
- H. "Client" hereby warrants and covenants that he/she has truthfully and fully disclosed to "Attorney" all known or suspected information requested by any aspect of the entire Bankruptcy Petition and that it is the responsibility of "Client" to be certain that this information is all accurately displayed in the actual Bankruptcy Petition at the time "Client" affixes his/her signature(s) thereto.

** costs include the court filing fee of \$335.00, the online prebankruptcy counseling and online debt management class and the 3-bureau credit report of \$60.00 for an individual report or \$70.00 for a joint report for husband and wife.

Heller & Richmond, Ltd. By:	I AGREE TO ALL THE TERMS CONTAINED IN THIS DOCUMENT Arpagus M. Poole
HELLER & RICHMOND, LTD.	. • 1
33 N. Dearborn Street	By affixing my signature above, I hereby certify that
Suite 1907	I have not filed any petition for bankruptcy within the
Chicago, IL 60602	past 8 years, except as otherwise noted as follows:
(312) 781-6700	NONE

YES, I HEREBY INSTRUCT ATTORNEY TO PROVIDE CLIENT WITH A 3-BUREAU CREDIT REPORT and I AGREE TO PAY THE COST OF THIRTY FIVE DOLLARS (\$35.00) per person FOR THE REPORT IN ADDITION TO ALL OTHER FEES. This additional fee must be paid before the Bankruptcy Petition will be filed.